DEPARTMENT OF HEALTH SERVICES
MEDI-CAL BENEFITS BRANCH
MEDI-CAL POLICY DIVISION
714/744 P Street, Room 1640
P.O. Box 942732
Sacramento, CA 94234-7320
(916) 657-1460

August 24, 2000

TO: All Local Educational Consortia (LEC)   **PPL No. 00-012**
              Local Governmental Agencies (LGAs)
              Medi-Cal Administrative Activities (MAA) and
              Targeted Case Management (TCM) Coordinators

SUBJECT: Targeted Case Management System

The Department of Health Services (DHS), in conjunction with the LGAs, is in the final stages of developing and implementing an Internet-based application for use in the TCM Program. The "TCM System" will provide:

- on-line verification of Medi-Cal eligibility;
- a way to identify and prevent duplicate claims;
- creation of invoices for reimbursement;
- tracking of reimbursement received by the LGAs;
- a statewide database of all TCM encounters and invoices;
- performance monitoring; and
- valid statistics regarding the overall TCM program.

LGAs participating in the TCM program will access the application using either an Netscape 4.x or Explorer 4.x browser. The application will be on a web-server housed at the California Health and Human Services Agency Data Center. This web-server is on a secure segment of the Data Center's Demilitarized Zone. Users will be assigned unique identifiers to log in to the application. Once authenticated, transmissions from the client (LGA) to the server will be encrypted using Secure Socket Layer. The application will have the ability to send transmissions through the firewall into the Data Center's Intranet to access confidential Medi-Cal eligibility information, store data on a DB2 database within the Data Center and transmit a response back to the client/user.

When the LGA enters an encounter into the system, the application will ensure that the encounter contains the required information (e.g., client ID, date of service, provider, case manager, location and program type) and will perform a duplicate match against all other encounters entered by the LGA. The application will also check to ensure that encounters are entered into the system within mandated timeframes and verify Medi-Cal eligibility for the month the service was provided. The results of these determinations will be transmitted back to the LGA immediately.

LGAs will use the TCM System to create invoices for submission to DHS. The LGA will have the ability to examine all encounters attached to that invoice. Once the LGA determines that all costs claimed are appropriate, the TCM System will produce an invoice (by quarter) for signature. The system will calculate the total costs (federal and non-federal shares) and the federal share being claimed for each program type. The System will also compare the costs claimed against the LGAs remaining cap amount by program.

Once the signed invoice is received, DHS will review the on-line invoice and the encounters attached to that invoice. If DHS questions the validity of an encounter (e.g., excessive number of encounters provided by a specific case manager), that specific encounter may be denied and all others approved. Functionality also exists to allow DHS to offset a prior overpayment to that LGA in the same state fiscal year.

Each LGA will have the ability to download its encounter records. In addition, DHS will be able to download records from all LGAs for analysis, duplicate matching and statistical purposes.

The architecture and programming of the TCM System meet all requirements of the federal Health Care Financing Agency's Internet Security Policy issued November 24, 1998, regarding encryption, authentication, identification and security.

The TCM System is one of the first true e-government applications implemented by DHS. Implementation of this system will improve the administration of the TCM in California and enhance performance monitoring.

Implementation

The new TCM System must be used for all TCM claims beginning with the Fiscal Year 2000/2001. No invoices will be accepted for TCM services provided on or after July 1, 2000, unless the encounter is entered in to the TCM System and the invoice is generated by the system.

Confidentiality

All information entered into the TCM System is considered Medi-Cal data. Medi-Cal confidentiality requirements as defined in Article II, Paragraph G of the Medi-Cal Targeted Case Management Provider Participation Agreement and Welfare and Institutions Code, Section 14100.2 must be met. Each user of the TCM System must complete and sign a "TCM System User Request" form (attached). The MAA/TCM coordinator must retain these forms for each LGA user granted access to the system. "TCM System User Request" forms for LGA Administrator access must be sent to the address below.

Access to System

The TCM System will be accessed through the Medi-Cal Benefits Branch website (http://www.dhs.ca.gov/mcs/mcpd/MBB/index.htm).

There are five levels of users for the TCM System:

- LGA User: May enter (manually or via upload process), modify and view encounters

- LGA Administrator: Will assign LGA User level access, download LGA data and create/submit invoices. There can be more than one LGA Administrator per LGA.

- DHS User: May view encounters; review, approve, adjust, supplement and offset invoices; and may update LGA profile information.

- DHS Accounting: Will enter the number of the schedule sent to the State Controller's Office for payment of invoices and may view schedule and invoice information.

- DHS Administrator: Will assign LGA Administrator, DHS User and DHS Accounting access; may update LGA profile information; and may download LGA and statewide data.

Each LGA must determine the method for assigning unique user IDs and passwords. When access is granted, users should be contacted by phone and informed of their user ID and password.

The MAA/TCM Coordinator must send completed "TCM System User Requests" for LGA Administrator-level access to:

TCM System Administrator
Medi-Cal Benefits Branch
714 P Street, Room 1640
Sacramento, CA 95814

Data Entry

LGAs will be able to enter encounter information manually or using an upload process (Upload Record Format attached). The TCM System requires that the location (office, home, other) where the TCM service was provided be included in the encounter record. Files uploaded without this information will be given a "pending" status and will not be included on an invoice until the location information is entered.

Training

Training materials are being developed and will be available in both hardcopy (paper) and on-line. Training sessions will be scheduled by the LGA MAA/TCM Coordinator.

Questions

Questions regarding the system should be directed to Ms. Marie Harder, at (916) 445-9196 or by email at mharder@dhs.ca.gov.

Sincerely,

Original signed by D. Mitchell

David Mitchell, Chief

Enclosures

cc: See Next Page.

cc: Ms. Cathleen Gentry
        Local Governmental Agency
        MAA/TCM Consultant
        455 Pine Avenue
        Half Moon Bay, CA 94019

        Ms. Starla Hirst
        Accounting Section Chief
        Federal Liaison Unit
        714 P Street, Room 1140
        Sacramento, CA 94234-7320

        Mr. Larry Lee, Accountant
        Division of Medicaid
        801 I Street, Room 210
        Sacramento, CA 95814

        Ms. Mickey Richie
        Local Liaison
        Office of the Director
        714 P Street, Room 1253
        Sacramento, CA 94234-7320

        Ms. Patricia Morrison, Chief
        Administrative Claiming and
          Support Section
        714 P Street, Room 1640
        Sacramento, CA 94234-7320

        Ms. Mary Woods
        Targeted Case Management Analyst
        714 P Street, Room 1640
        Sacramento, CA 94234-7320

All Local Educational Consortia (LEC)
Local Governmental Agencies (LGA)
Medi-Cal Administrative Activities (MAA) and
Targeted Case Management (TCM) Coordinators
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cc: Ms. Sharrie Pitman
        Co-Chair, LGA Consortium
        Napa County
        Director of Public Health Nursing
        2261 Elm Street
        Napa, CA 94559-3721

        Mr. David B. Nelson
        Co-Chair, LGA Consortium
        Public Health, Fiscal
        20 Cottonwood Street
        Woodland, CA 95695

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Targeted Case Management System
Request for User ID

LGA Name: _____

User Name: _____

User e-mail: _____

User phone: _____

Last 4 digits of SSN _____

User Level: ❏LGA User ❏LGA Administrator ❏DHS User ❏DHS Accounting

Begin Date: _____

End Date: _____

Authorized by: _____

LGA or DHS Administrator use only:	ID Assigned:	By:	Date:

Oath of Confidentiality

As a condition of obtaining access to information concerning data and records utilized and maintained by the State Department of Health Services, I_____, agree not to divulge any persons, and I agree not to publish or otherwise make public any information regarding person(s) receiving Medi-Cal services such that the persons who received such services are identifiable.

Access to such data shall be limited to Local Governmental Agencies and their subcontractors participating in the Targeted Case Management (TCM) Program who require the information in the performance of their duties, and to such others as may be authorized by the Department of Health Services.

I recognize that unauthorized release of confidential information may make me subject to civil and criminal sanctions pursuant to the provisions of the Welfare and Institutions Code, Section 14100.2.

_____
Signature of TCM System User   Date

Targeted Case Management

File Format for *Uploaded* Encounter Record								
Field Name	**Start Position**	**End Position**	**Length**	**Type**	**Format**	**Option**	**Permitted Values**	**Notes**
Case Manager ID	001	009	09	AN		Required		
Client ID	010	018	09	AN		Optional		**Required** if Client Last Name is left blank
Date of Service	019	028	10	Date	MM/DD/CCYY	**Required**	> 07/01/1995	
Date of Birth	029	038	10	Date	MM/DD/CCYY	Required		
Client Last Name	039	058	20	AN		Optional		**Required** if Client ID is left blank
Client First Name	059	073	15	AN		Optional		
Client Middle Initial	074	074	01	AN		Optional		
Program Type Code	075	076	02	N		Required	06 07 08 09 10 11	06 = Public Health 07 = Outpatient Clinics 08 = Education 09 = Public Guardian 10 = Linkages 11 = Probation
Location	077	082	06	AN		Required	Office Home Other	
Newborn Date of Birth	083	092	10	Date	MM/DD/CCYY	Optional		
Optional Field 1	093	102	10	AN		Optional		Defined by the LGA. If not used the field should be equal to spaces
Optional Field 2	103	112	10	AN		Optional		Defined by the LGA. If not used the field should be equal to spaces
Optional Field 3	113	122	10	AN		Optional		Defined by the LGA. If not used the field should be equal to spaces
Sub Program	123	126	04	AN		Optional		Permitted Values defined by the LGA
Record Format: Fixed Block (FB)							Record Length: 126	